

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Dental Political Action Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00000729

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2007

through

05

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr Roger Triftshauser

Signature of Treasurer

Electronically Filed by Dr Roger Triftshauser

Date

06

13

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Dental Political Action Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		406004.72
(b) Cash on Hand at Beginning of Reporting Period .....	627293.56	
(c) Total Receipts (from Line 19) .....	63777.87	661290.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	691071.43	1067294.92
7. Total Disbursements (from Line 31) .....	133160.43	509383.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	557911.00	557911.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Dental Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8065.00	23215.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	46314.40	361030.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	54379.40	384245.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	54379.40	384245.74
12. Transfers From Affiliated/Other Party Committees .....	9175.15	276074.47
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	223.32	969.99
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	63777.87	661290.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	63777.87	661290.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		160.43	616.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		160.43	616.43
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		133000.00	507600.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	1167.49
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		133160.43	509383.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		133160.43	509383.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	54379.40	384245.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54379.40	384245.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	160.43	616.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	160.43	616.43

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 / 39

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Bernard J Larson Mailing Address # B 887 W North Beach Rd City Bow State WA Zip Code 98232 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 <b>Transaction ID: 3896628</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Wayne McMahan Mailing Address Alabama Dental Association 836 Washington Street City Montgomery State AL Zip Code 36104 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Alabama Dental Assoc Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 <b>Transaction ID: 3896629</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Colin A Malaker Mailing Address 1731 Parkwood Dr City Moberly State MO Zip Code 65270-3255 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self-employed Occupation dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 <b>Transaction ID: 3896630</b> Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Dr Lana R Schlecht

Mailing Address PO Box 247

City State Zip Code  
 Ellendale ND 58436-0247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896636

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Dr Allan Jacobs

Mailing Address 4868 Fairway Rdg S

City State Zip Code  
 W Bloomfield MI 48323-3314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896644

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)

Dr Blane R Christman

Mailing Address PO Box 408

City State Zip Code  
 Ladysmith WI 54848-0408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896645

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 39

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Thomas Danner Pollard

Mailing Address 9138 NW McKenna Dr

City State Zip Code  
Portland OR 97229-8038

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896648

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael C Griffiths

Mailing Address 1920 Irving St Ne

City State Zip Code  
Washington DC 20018-2430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896649

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Akram E Rafla

Mailing Address 60 Buckskin Dr

City State Zip Code  
Weston MA 02493-1130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896650

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Marta Rafla		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 250 Commercial Street Suite 430		<b>Transaction ID:</b> 3896651	
City Worcester	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 01608-1726			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self-employed Occupation dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Jeffrey Ganeles		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 2365 NW 46th St		<b>Transaction ID:</b> 3896652	
City Boca Raton	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33431-8425			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self-employed Occupation dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Bradley S Trotter		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 502 N. 6th Avenue		<b>Transaction ID:</b> 3896653	
City Hopewell	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 23860-2619			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self-employed Occupation dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Parry Evans

Mailing Address 1859 Loma Linda St

City State Zip Code  
 Sarasota FL 34239-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: 3896654

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr John Floyd Harrington, Jr

Mailing Address 274 Nelson Rd NW

City State Zip Code  
 Milledgeville GA 31061-9787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

Transaction ID: 3896707

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr David C Averill

Mailing Address 324 Pearl St

City State Zip Code  
 Burlington VT 05401-8531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897010

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1025.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Robert A Hersh

Mailing Address 507 Stillwells Corner Road

City State Zip Code  
Freehold NJ 07728-2965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897014

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen B. Ford

Mailing Address 1111 14th Street, NW, Suite 1100

City State Zip Code  
Washington DC 20005-5627

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Dental Associati-  
on

Occupation  
PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897017

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David S Wilbanks

Mailing Address 200 Thunderbird Drive

City State Zip Code  
El Paso TX 79912-3904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897021

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

A. Full Name (Last, First, Middle Initial)  
Dr Frederick T Philips, Jr

Mailing Address 4501 S Staples St

City State Zip Code  
Corpus Christi TX 78411-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 3911323

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

8065.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tennessee Dental PAC

Mailing Address PO Box 120188  
 2104 Sunset Place

City State Zip Code  
 Nashville TN 37212

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23636.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897027

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. California Dental PAC

Mailing Address PO Box 13749

City State Zip Code  
 Sacramento CA 95853

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33898.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897033

Amount of Each Receipt this Period

506.68

Full Name (Last, First, Middle Initial)

C. New Jersey Dental PAC

Mailing Address One Dental Plaza  
 PO Box 6020

City State Zip Code  
 North Brunswick NJ 08902

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12810.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 7

Transaction ID: 3897035

Amount of Each Receipt this Period

1050.00

SUBTOTAL of Receipts This Page (optional) .....

2556.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 39

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) New Jersey Dental PAC Mailing Address One Dental Plaza PO Box 6020 City North Brunswick State NJ Zip Code 08902 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 12930.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> 3911309 Amount of Each Receipt this Period 120.00
<b>B.</b> Full Name (Last, First, Middle Initial) Indiana Dental PAC Mailing Address PO Box 2467 City Indianapolis State IN Zip Code 46206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 11285.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> 3911315 Amount of Each Receipt this Period 210.00
<b>C.</b> Full Name (Last, First, Middle Initial) California Dental PAC Mailing Address PO Box 13749 City Sacramento State CA Zip Code 95853 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 35655.47		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> 3911317 Amount of Each Receipt this Period 1757.47

**SUBTOTAL** of Receipts This Page (optional) .....

2087.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 39

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Military

Mailing Address ADA-Chicago  
211 E. Chicago Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5783.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 3911318

Amount of Each Receipt this Period

1171.00

**B.**

Full Name (Last, First, Middle Initial)

New York State Dental PAC

Mailing Address 121 State Street  
4th Floor

City State Zip Code  
Albany NY 12207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

127505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 3911319

Amount of Each Receipt this Period

3320.00

**C.**

Full Name (Last, First, Middle Initial)

Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code  
Indianapolis IN 46206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 3911325

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

4531.00

**TOTAL** This Period (last page this line number only) .....

9175.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 39

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Citibank 1

Mailing Address 1500 Vermont Ave Nw

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

969.99

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 3921159

Amount of Each Receipt this Period

223.32

**SUBTOTAL** of Receipts This Page (optional) .....

223.32

**TOTAL** This Period (last page this line number only) .....

223.32



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 39

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Citibank 1

Mailing Address 1500 Vermont Ave Nw

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 3921163

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.43

**SUBTOTAL** of Disbursements This Page (optional) .....

160.43

**TOTAL** This Period (last page this line number only) .....

160.43

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Democratic National Committee**

Mailing Address 430 S. Capitol St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2007 Membership Dues

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3896274

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

15000.00

2007 Membership Dues

Full Name (Last, First, Middle Initial)

## **B. Democratic National Committee**

Mailing Address 430 S. Capitol St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Void - Democratic National Committee

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3896276

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

-15000.00

Void - Democratic National Committee

Full Name (Last, First, Middle Initial)

## **C. Democratic National Committee**

Mailing Address 430 S. Capitol St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2007 Membership Dues

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3896277

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

15000.00

2007 Membership Dues

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Friends Of Byron Dorgan

Mailing Address PO Box 871

City  
Bismarck

State  
ND

Zip Code  
58502

Purpose of Disbursement

Judy Sherman attending event/check to ca

Candidate Name

Sen. Byron L. Dorgan

011  
Category/  
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State: ND

District: 2

Transaction ID: 3896360

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attending ev-  
ent/check to campaign

Full Name (Last, First, Middle Initial)

**B.** Wynn For Congress

Mailing Address P.O. Box 39139

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement

Katie Yehl attending event/check sent to

Candidate Name

Rep. Albert Russell Wynn

011  
Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: MD

District: 4

Transaction ID: 3896354

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Katie Yehl attending even-  
t/check sent to campaign

Full Name (Last, First, Middle Initial)

**C.** Steve Chabot For Congress

Mailing Address 3339 Harrison Ave.  
3014 Harrison Ave.

City  
Cincinnati

State  
OH

Zip Code  
45211

Purpose of Disbursement

3 Ohio dentists attended 4/30 event at V

Candidate Name

Rep. Steve Chabot

011  
Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: OH

District: 1

Transaction ID: 3896359

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

3000.00

3 Ohio dentists attended  
4/30 event at Verizon Cen-  
ter

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Pastor for Congress

Mailing Address 802 North 3rd Avenue

City Phoenix State AZ Zip Code 85003

Purpose of Disbursement  
Judy Sherman attended event/check sent t

Candidate Name  
Ed Pastor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 4

Transaction ID: 3896353

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended eve-  
nt/check sent to campaign

Full Name (Last, First, Middle Initial)

**B.** Lucille Roybal-Allard For Congress

Mailing Address P.O. Box 582

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Judy Sherman attending event/check to ca

Candidate Name  
Rep. Lucille Roybal-Allard

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 34

Transaction ID: 3896357

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attending ev-  
ent/check to campaign

Full Name (Last, First, Middle Initial)

**C.** Renzi for Congress

Mailing Address P.O. Box 219

City Flagstaff State AZ Zip Code 86002

Purpose of Disbursement  
Judy Sherman attending event/check to ca

Candidate Name  
Rick Renzi

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 1

Transaction ID: 3896356

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attending ev-  
ent/check to campaign

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dirigo PAC

Mailing Address PO Box 1355

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement

Judy Sherman on steering committee/will

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 3896352

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

Judy Sherman on steering  
committee/will attend fut-  
ure events

Full Name (Last, First, Middle Initial)

**B.** Demint For Senate Committee Inc

Mailing Address PO Box 12425

City  
Columbia

State  
SC

Zip Code  
29211

Purpose of Disbursement

Kathleen Ford attending event/check to c

Candidate Name

Sen. James W. DeMint

011

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC

District: 2

**Transaction ID:** 3896358

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Kathleen Ford attending  
event/check to campaign

Full Name (Last, First, Middle Initial)

**C.** Searchlight Leadership Fund Committee

Mailing Address 422 C St., NE  
Lower Level

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Judy Sherman attending event/check to le

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 3896350

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

Judy Sherman attending ev-  
ent/check to leadership  
pac

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Kagen 4 Congress

Mailing Address 100 West Lawrence St

City State Zip Code  
Appleton WI 54911

Purpose of Disbursement  
Judy Sherman attending event/check to ca

Candidate Name  
Steven Kagen

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 8

Transaction ID: 3896355

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attending ev-  
ent/check to campaign

Full Name (Last, First, Middle Initial)

**B.** Green Mountain PAC

Mailing Address 10 G Street, NE  
Suite 470

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Judy Sherman attending event/check sent

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 3896351

Date of Disbursement

05 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

Judy Sherman attending ev-  
ent/check sent to leaders-  
hip PAC

Full Name (Last, First, Middle Initial)

**C.** Senate Majority Fund

Mailing Address 507 Capitol Court NE  
#100

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Kathleen Ford attending event

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 3897038

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

5000.00

Kathleen Ford attending  
event

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Culberson For Congress

Mailing Address P.O. Box 41964

City  
Houston

State  
TX

Zip Code  
77241

Purpose of Disbursement  
check sent to Dr. Tommy Harrison

Candidate Name  
Rep. John Abney Culberson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 7

Transaction ID: 3897356

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to Dr. Tommy Harrison

Full Name (Last, First, Middle Initial)

**B.** Andrews For Congress Committee

Mailing Address 215 Fourth Avenue  
Suite 200

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
Jennifer Fisher to attend event/check se

Candidate Name  
Rep. Robert E. Andrews

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 1

Transaction ID: 3901088

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher to attend event/check sent to campaign

Full Name (Last, First, Middle Initial)

**C.** Bartlett For Congress

Mailing Address PO Box 280  
PO Box 3662

City  
Buckeystown

State  
MD

Zip Code  
21717

Purpose of Disbursement  
check sent to Dr. Peter Tan

Candidate Name  
Roscoe Bartlett

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 6

Transaction ID: 3901085

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to Dr. Peter Tan

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Committee For Pete V. Domenici

Mailing Address PO Box 93656

City Albuquerque State NM Zip Code 87199

Purpose of Disbursement  
check sent to Dr. Keigm Crook

Candidate Name  
Pete Domenici

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 1

Transaction ID: 3901084

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Keigm  
Crook

Full Name (Last, First, Middle Initial)

**B.** Westmoreland For Congress

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement  
Jennifer Fisher will attend event/check

Candidate Name  
Rep. Lynn A. Westmoreland

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 3

Transaction ID: 3901092

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher will atte-  
nd event/check sent to ca-  
mpaign

Full Name (Last, First, Middle Initial)

**C.** Kilpatrick For US Congress

Mailing Address PO Box 32175

City Detroit State MI Zip Code 48232

Purpose of Disbursement  
Jennifer Fisher will attend event/check

Candidate Name  
Carolyn Kilpatrick

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 13

Transaction ID: 3901091

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1500.00

Jennifer Fisher will atte-  
nd event/check sent to ca-  
mpaign

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Scott For Congress Committee

Mailing Address PO Box 261

City  
Newport News

State  
VA

Zip Code  
23607

Purpose of Disbursement  
check sent to Dr. McKinley Price

Candidate Name  
Robert Scott

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 3

Transaction ID: 3901089

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

check sent to Dr. McKinley Price

Full Name (Last, First, Middle Initial)

**B.** Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City  
Monticello

State  
IN

Zip Code  
47960

Purpose of Disbursement  
check sent to Dr. Ray Maddox

Candidate Name  
Rep. Steve Buyer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 4

Transaction ID: 3901090

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Ray Maddox

Full Name (Last, First, Middle Initial)

**C.** Friends Of Dave Weldon

Mailing Address 2525 Aurora Road  
Suite 2

City  
Melbourne

State  
FL

Zip Code  
32935

Purpose of Disbursement  
FL event 5/25/07-check sent to Dr. Gerald Bird

Candidate Name  
Rep. Dave Weldon, M.D.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 3901087

Date of Disbursement

05 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

FL event 5/25/07-check sent to Dr. Gerald Bird

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Norm Dicks For Congress Committee**

Mailing Address PO Box 1663

City  
Tacoma

State  
WA

Zip Code  
98401

Purpose of Disbursement

Judy Sherman attended event/check sent t

Candidate Name  
Norman Dicks

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: WA District: 6

2008 US General

Transaction ID: 3910809

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended eve-  
nt/check sent to campaign

## **B. Committee For Pete V. Domenici**

Mailing Address PO Box 93656

City  
Albuquerque

State  
NM

Zip Code  
87199

Purpose of Disbursement

Warner Classic 2007

Candidate Name  
Pete Domenici

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 1

Transaction ID: 3910820

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1500.00

Warner Classic 2007

## **C. Enzi For U.S. Senate Committee**

Mailing Address PO Box 2775

City  
Cody

State  
WY

Zip Code  
82414

Purpose of Disbursement

Warner Classic 2007

Candidate Name  
Michael Enzi

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 2

Transaction ID: 3910819

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Warner Classic 2007

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Lindsey Graham for U.S. Senate

Mailing Address PO Box 1155

City Seneca State SC Zip Code 29679

Purpose of Disbursement  
Warner Classic 2007

Candidate Name  
Lindsey Graham

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 3

Disbursement For: 2007  
☐ Primary ☐ General

☒ Other (specify) ▼  
 2008 US General

Transaction ID: 3910816

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

Warner Classic 2007

Full Name (Last, First, Middle Initial)

**B.** Tim Johnson For South Dakota, Inc.

Mailing Address PO Box 1859

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Judy Sherman attended event/check sent t

Candidate Name  
Tim Johnson

Office Sought: ☐ House  
☒ Senate  
☐ President

State: SD District: 1

Disbursement For: 2008  
☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID: 3910804

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Judy Sherman attended eve-  
nt/check sent to campaign

Full Name (Last, First, Middle Initial)

**C.** Friends Of Senator Carl Levin

Mailing Address 10 G Street Ne, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement  
check sent to Kris Nicholoff-will attend

Candidate Name  
Sen. Carl Levin

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MI District: 1

Disbursement For: 2008  
☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID: 3910823

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

check sent to Kris Nichol-  
off-will attend MI event

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Senator John Warner Cmte

Mailing Address PO Box 3536

City  
Merrifield

State  
VA

Zip Code  
22116

Purpose of Disbursement  
Warner Classic 2007

Candidate Name  
John Warner

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 1

Transaction ID: 3910815

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

3000.00

Warner Classic 2007

Full Name (Last, First, Middle Initial)

**B.** Heather Wilson For Congress

Mailing Address P.O. Box 14070

City  
Albuquerque

State  
NM

Zip Code  
87191

Purpose of Disbursement  
Katie Yehl attended event/check sent to

Candidate Name  
Rep. Heather A. Wilson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 1

Transaction ID: 3910807

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Katie Yehl attended event-  
/check sent to campaign

Full Name (Last, First, Middle Initial)

**C.** Committee For Thad Cochran

Mailing Address PO Box 7183

City  
Tupelo

State  
MS

Zip Code  
38801

Purpose of Disbursement  
Warner Classic 2007

Candidate Name  
Thad Cochran

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 1

Transaction ID: 3910817

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Warner Classic 2007

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Chambliss For Senate**

Mailing Address Post Office Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement  
Warner Classic 2007

Candidate Name  
Saxby Chambliss

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 1

Transaction ID: 3910818

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

2000.00

Warner Classic 2007

Full Name (Last, First, Middle Initial)

## **B. Pat Roberts For Senate**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
Warner Classic 2007

Candidate Name  
Sen. Pat Roberts

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 2

Transaction ID: 3910821

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Warner Classic 2007

Full Name (Last, First, Middle Initial)

## **C. Norm Coleman for US Senate**

Mailing Address 1410 Energy Park Rd  
#11

City St. Paul State MN Zip Code 55108

Purpose of Disbursement  
Warner Classic 2007

Candidate Name  
Norm Coleman

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 2

Transaction ID: 3910822

Date of Disbursement

05 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Warner Classic 2007

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Thelma Drake For Congress

Mailing Address P.O. Box 61480

City  
Virginia Beach

State  
VA

Zip Code  
23466

Purpose of Disbursement  
check sent to Dr. Terry Dickinson

Candidate Name  
Rep. Thelma D. Drake

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 2

**Transaction ID: 3910803**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Terry  
Dickinson

Full Name (Last, First, Middle Initial)

**B.** Ameripac

Mailing Address 499 South Capitol, SW  
Suite 414

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Katie Yehl attended event/check to PAC

Candidate Name

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 3910805**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Katie Yehl attended event-  
/check to PAC

Full Name (Last, First, Middle Initial)

**C.** Eric PAC

Mailing Address 209 Pennsylvania Avenue, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Mike Graham attended event/check sent to

Candidate Name

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 3910808**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Mike Graham attended even-  
t/check sent to PAC

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mike Pence Committee**

Mailing Address P. O. Box 408

City  
Anderson

State  
IN

Zip Code  
46015

Purpose of Disbursement  
check sent to Dr. Ray Maddox

Candidate Name  
Rep. Michael R. Pence

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 6

Transaction ID: 3911103

Date of Disbursement

05 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Ray Maddox

Full Name (Last, First, Middle Initial)

**B. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Ave, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Mike Graham attended event/check sent to

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 3911105

Date of Disbursement

05 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

Mike Graham attended event/check sent to PAC

Full Name (Last, First, Middle Initial)

**C. Alliance for The West**

Mailing Address 1006 Pendleton Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Judy Sherman attended event/check sent to

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 3911104

Date of Disbursement

05 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to PAC

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Tiberi For Congress

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
check sent to Dr. Dennis Burns-June 1st

Candidate Name  
Rep. Patrick J. Tiberi

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 3911432

Date of Disbursement

05 / 22 / 2007

Amount of Each Disbursement this Period

3000.00

check sent to Dr. Dennis  
Burns-June 1st Ohio event

Full Name (Last, First, Middle Initial)

**B.** Keller For Congress

Mailing Address P.O. Box 1453

City Orlando State FL Zip Code 32802

Purpose of Disbursement  
Jennifer Fisher attended event/check sen

Candidate Name  
Rep. Richard A. Keller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 8

Transaction ID: 3911582

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended  
event/check sent to campa-  
ign

Full Name (Last, First, Middle Initial)

**C.** Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement  
Jennifer Fisher attended event/check sen

Candidate Name  
Rep. Carolyn B. Maloney

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: 3911580

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended  
event/check sent to campa-  
ign

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** David Scott For Congress

Mailing Address 162 Hurt Street Ne

City Atlanta State GA Zip Code 30307

Purpose of Disbursement  
check sent to Dr. Gordon Austin

Candidate Name  
Rep. David A. Scott

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 3911576

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

check sent to Dr. Gordon Austin

Full Name (Last, First, Middle Initial)

**B.** Pete Sessions For Congress 2008

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement  
Mike Graham attended event/check sent to

Candidate Name  
Rep. Pete Sessions

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 3911575

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Mike Graham attended event/check sent to campaign

Full Name (Last, First, Middle Initial)

**C.** Kenny Marchant For Congress

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011

Purpose of Disbursement  
Jennifer Fisher attended event/check sent

Candidate Name  
Rep. Kenneth Marchant

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: 3911579

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended event/check sent to campaign

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Blue Dog PAC**

Mailing Address 236 Massachusetts Ave., NE  
Ste 508

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Katie Yehl will attend event/check sent

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3911586

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Katie Yehl will attend ev-  
ent/check sent to PAC

Full Name (Last, First, Middle Initial)

## **B. Friends of Mazie Hirono**

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement  
Jennifer Fisher attended event/check sen

Candidate Name  
Mazie Hirono

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: HI District: 2

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3911578

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended  
event/check sent to campa-  
ign

Full Name (Last, First, Middle Initial)

## **C. Majority In Congress PAC**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Jennifer Fisher attended event/check sen

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 3911584

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended  
event/check sent to campa-  
ign

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Solidarity PAC**

Mailing Address 301 4th Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Jennifer Fisher attended event/check sen

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 3911581

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Jennifer Fisher attended  
event/check sent to campaign

Full Name (Last, First, Middle Initial)

## **B. Committee For Daniel K. Akaka**

Mailing Address 3125 Kaohinani Drive

City  
Honolulu

State  
HI

Zip Code  
96817

Purpose of Disbursement

check sent to Dr. Gary Yonemoto

Candidate Name

Daniel Akaka

011

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI

District: 2

Transaction ID: 3911858

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

2000.00

check sent to Dr. Gary Yonemoto

Full Name (Last, First, Middle Initial)

## **C. Andrews For Congress Committee**

Mailing Address 215 Fourth Avenue  
Suite 200

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement

check sent to Dr. Vincent C. Mayher

Candidate Name

Rep. Robert E. Andrews

011

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 1

Transaction ID: 3911859

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

2500.00

check sent to Dr. Vincent  
C. Mayher

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Brian Baird For Congress

Mailing Address PO Box 5016

City  
Vancouver

State  
WA

Zip Code  
98668

Purpose of Disbursement  
Jennifer Fisher attended event/check sen

Candidate Name  
Rep. Brian Baird

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 3

Transaction ID: 3911845

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1500.00

Jennifer Fisher attended event/check sent to campaign

Full Name (Last, First, Middle Initial)

**B.** Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City  
Hackensack

State  
NJ

Zip Code  
07602

Purpose of Disbursement  
Judy Sherman attended event/check sent t

Candidate Name  
Rep. Steven R. Rothman

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 9

Transaction ID: 3911844

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Judy Sherman attended event/check sent to campaign

Full Name (Last, First, Middle Initial)

**C.** Mike Rogers For Congress

Mailing Address 123 East 13th Street

City  
Anniston

State  
AL

Zip Code  
36201

Purpose of Disbursement  
check sent to Wayne McMahan

Candidate Name  
Rep. Michael D. Rogers

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 3

Transaction ID: 3911857

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

check sent to Wayne McMahan

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Mccrery For Congress Committee**

Mailing Address Post Office Box 52956  
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement  
Check Sent to Gary Roberts

Candidate Name  
Rep. Jim McCrery

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 4

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 3911989

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

5000.00

Check Sent to Gary Roberts

Full Name (Last, First, Middle Initial)

## **B. Norm Coleman for US Senate**

Mailing Address 1410 Energy Park Rd  
#11

City St. Paul State MN Zip Code 55108

Purpose of Disbursement  
Sent to Dr. Brandjord

Candidate Name  
Norm Coleman

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN District: 2

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 3912001

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Sent to Dr. Brandjord

Full Name (Last, First, Middle Initial)

## **C. Norm Coleman for US Senate**

Mailing Address 1410 Energy Park Rd  
#11

City St. Paul State MN Zip Code 55108

Purpose of Disbursement  
Void - Norm Coleman for US Senate

Candidate Name  
Norm Coleman

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN District: 2

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 3912002

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Norm Coleman for  
US Senate

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Henry E. Brown For Congress

Mailing Address 1035 Dominion Drive

City Hanahan State SC Zip Code 29406

Purpose of Disbursement  
Sent to Phil Latham

Candidate Name  
Henry Brown

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 1

Transaction ID: 3913162

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Sent to Phil Latham

Full Name (Last, First, Middle Initial)

**B.** Doggett for Congress

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78703

Purpose of Disbursement  
sent to Alan Moore

Candidate Name  
Lloyd Doggett

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 3914678

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

2.00

sent to Alan Moore

Full Name (Last, First, Middle Initial)

**C.** Neugebauer Congressional Committee

Mailing Address P.O. Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement  
sent to Jay Adkins

Candidate Name  
Rep. Robert R. Neugebauer

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 19

Transaction ID: 3913163

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

sent to Jay Adkins

**SUBTOTAL** of Disbursements This Page (optional) .....

2002.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 39

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Dental Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Coleman For Senate 08

Mailing Address 7300 Hudson Blvd Suite 270a

City State Zip Code  
St Paul MN 55128

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Norm Coleman

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 1

Transaction ID: 3912879

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Doggett for Congress

Mailing Address P.O. Box 5843

City State Zip Code  
Austin TX 78703

Purpose of Disbursement  
Void - Doggett for Congress

011  
Category/  
Type

Candidate Name  
Lloyd Doggett

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 3914854

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

-2.00

Void - Doggett for Congress

Full Name (Last, First, Middle Initial)

**C.** Doggett for Congress

Mailing Address P.O. Box 5843

City State Zip Code  
Austin TX 78703

Purpose of Disbursement  
Sent to Alan Moore

011  
Category/  
Type

Candidate Name  
Lloyd Doggett

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 3914855

Date of Disbursement

05 / 31 / 2007

Amount of Each Disbursement this Period

2000.00

Sent to Alan Moore

**SUBTOTAL** of Disbursements This Page (optional) .....

2998.00

**TOTAL** This Period (last page this line number only) .....

133000.00